

FORM COR-C/OH

# **CORRECTION AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER**

1 ACCOUNT #		2 Total pages filed: 5		OFFICE USE ONLY	
3 CANDIDATE / OFFICEHOLDER NAME		MS / MRS / MR FIRST MI Derek S. NICKNAME LAST SUFFIX Townsend Sr.		Date Received Received - City Secretary Office Date: 10-5-10 Time: 3:50 P.M.	
4 ORIGINAL REPORT TYPE		<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> 15th day after treasurer appointment (officeholder only) <input type="checkbox"/> Final report <input type="checkbox"/> Other (specify)		Date Hand-delivered or Date Postmarked Receipt # Amount Legal Totals Date Processed Date Imaged	
5 ORIGINAL PERIOD COVERED		Month Day Year 5 / 1 / 08 THROUGH 7 / 15 / 08			

- 6 EXPLANATION OF CORRECTION
- ① Prior Report had 1) Missing Date Stamp Rec'd Form Cor-C/OH, Form C/OH cover sheet pg 1; 2) No notary witness C/OH cover sheet pg 2
  - ② Correct Outstanding Loan Balance #6 Form C/OH cover sheet pg 2 (transposed # previously)
  - ③ Clarified purpose of expenditure to Costco and Sam's Club on 5/07/08 as food for Post Campaign Party for Supporters.
  - ④ Completed address for Pol. Expend. for 5/07/08 to Sam's Club, 5/01/08 to Potpourri and Tribune Newspaper.

7 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check ONLY if applicable:



- ☒ I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

*[Signature]*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me by DEREK TOWNSEND SR this the 5 day of OCTOBER

20 10 to certify which, witness my hand and seal of office.

*[Signature]*  
Signature of officer administering oath

BETSY B. GATES  
Printed name of officer administering oath

ASSIST. CITY SECRETARY  
Title of officer administering oath

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers)	2 Total pages filed: <div style="text-align: center; font-size: 1.5em;">5</div>
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>Derek</u> FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>Townsend</u></div> <div>SUFFIX <u>Sr.</u></div> </div>		<div style="border: 1px solid black; padding: 5px;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px;"> Date Received   <b>Received - City Secretary Office</b>  Date: <u>10-5-10</u>  Time: <u>3:50 P.M.</u> </div> <div style="border: 1px solid black; padding: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 5px;"> <div style="display: flex;"> <div style="flex: 1;">Receipt #</div> <div style="flex: 1;">Amount</div> </div> </div> <div style="border: 1px solid black; padding: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 5px;"> Date Imaged </div>
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX: <u>30618 Wm. Juergens Dr.</u></div> <div>APT / SUITE #:</div> <div>CITY: <u>Tomball, Tx.</u></div> <div>STATE: <u>77375</u></div> <div>ZIP CODE</div> </div>		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER <u>(281) 357-1561</u></div> <div>EXTENSION</div> </div>		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR <u>Lisa</u> FIRST</div> <div>MI</div> </div> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST <u>Townsend</u></div> <div>SUFFIX <u>S.</u></div> </div>		
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE): <u>30618 Wm. Juergens Tomball, Tx.</u></div> <div>APT / SUITE #:</div> <div>CITY: <u>77375</u></div> <div>STATE:</div> <div>ZIP CODE</div> </div>		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER <u>(281) 357-1561</u></div> <div>EXTENSION</div> </div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year  <u>5 / 1 / 08</u> </div> <div>THROUGH</div> <div> Month Day Year  <u>7 / 15 / 08</u> </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE  Month Day Year  <u>5 / 10 / 08</u> </div> <div> ELECTION TYPE  <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special </div> </div>		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <u>Council Pos. 1</u>	
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS	<p>.. Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. ..</p> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Name</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">Address / PO Box; Apt. / Suite #; City; State; Zip Code</div>		

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH**  
**COVER SHEET PG 2**

**15 C/OH NAME** Derek S. Townsend Sr. **16 ACCOUNT # (Ethics Commission Filers)**

**17 NOTICE FROM POLITICAL COMMITTEE(S)**

" This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. "

**COMMITTEE TYPE**

☐ GENERAL

☐ SPECIFIC

**COMMITTEE NAME**

**COMMITTEE ADDRESS**

**COMMITTEE CAMPAIGN TREASURER NAME**

**COMMITTEE CAMPAIGN TREASURER ADDRESS**

☐ additional pages

**18 CONTRIBUTION TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 400.00

**EXPENDITURE TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 100.00

4. TOTAL POLITICAL EXPENDITURES

\$ 3083.91  
4475.387 credits

**CONTRIBUTION BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

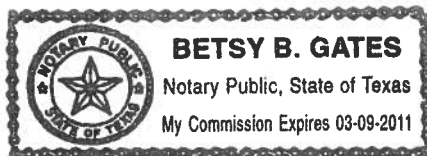
\$ 0

**OUTSTANDING LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 3357.51

**19 AFFIDAVIT**



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Derek Townsend Sr., this the 5 day of OCTOBER, 20 10, to certify which, witness my hand and seal of office.

Betsy B. Gates  
Signature of officer administering oath

BETSY B GATES  
Printed name of officer administering oath

ASSIST CITY SECRETARY  
Title of officer administering oath

**POLITICAL EXPENDITURES**

**SCHEDULE F**

The Instruction Guide explains how to complete this form.

1 I will payee Schedule F

2

2 FILER NAME

Derek S. Townsend

3 I will payee Schedule F

4 Date

5 Payee name

7 Amount (\$)

5-01-08

Dotpourri (HCN)

825 Village Square Dr.  
Tomball, Tx. 77375

415.38

8 Purpose of payment (See instructions regarding type of information required.)

News advertisement

(If travel outside of Texas, complete Schedule T)

9 I will payee a direct expenditure to benefit C/OH --  
Candidate: Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

5-01-08

Tribune Newspaper

517 W. Main St.  
Tomball, Tx. 77375

683.55

Purpose of payment (See instructions regarding type of information required.)

News advertisement

(If travel outside of Texas, complete Schedule T)

9 I will payee a direct expenditure to benefit C/OH --  
Candidate: Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

6-15-08

Derek S. Townsend

30618 Wm. Jurgens Dr.  
Tomball, Tx. 77375

1200.00

Purpose of payment (See instructions regarding type of information required.)

repay part of loans

(If travel outside of Texas, complete Schedule T)

9 I will payee a direct expenditure to benefit C/OH --  
Candidate: Officeholder name Office sought Office held

Derek S. Townsend Council Pos. 1 N/A

Date

Payee name

Amount (\$)

7-14-08

Derek S. Townsend

30618 Wm. Jurgens Dr.  
Tomball, Tx. 77375

525.23

Purpose of payment (See instructions regarding type of information required.)

repay part of loans

(If travel outside of Texas, complete Schedule T)

9 I will payee a direct expenditure to benefit C/OH --  
Candidate: Officeholder name Office sought Office held

Derek S. Townsend Council Pos. 1

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

# POLITICAL EXPENDITURES

## SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F: <u>2</u>
2 FILER NAME <u>Derek S. Townsend Sr.</u>		3 ACCOUNT # (Ethics Commission file)
4 Date <u>5-03-08</u>	5 Payee name <u>Snowflake Donuts</u> 6 Payee address: City: State: Zip Code <u>501 W. Main St. Tomball, Tx. 77315</u>	7 Amount (\$) <u>\$22.00</u>
8 Purpose of payment (See instructions regarding type of information required.) <u>Volunteer breakfast</u> (If travel outside of Texas, complete Schedule T)		9 -- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>5-01-08</u>	Payee name <u>Costco</u> Payee address: City: State: Zip Code <u>12405 N. Gessner Houston, TX, 77064</u>	Amount (\$) <u>\$69.53</u>
Purpose of payment (See instructions regarding type of information required.) <u>Food for Party - Post Campaign</u> (If travel outside of Texas, complete Schedule T) <u>party for supporters</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date <u>5-01-08</u>	Payee name <u>Samb Club</u> Payee address: City: State: Zip Code <u>7950 FM 1960 W. Houston, TX. 77070</u>	Amount (\$) <u>\$68.22</u>
Purpose of payment (See instructions regarding type of information required.) <u>Food for Party - Post Campaign</u> (If travel outside of Texas, complete Schedule T) <u>party for supporters</u>		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held
Date	Payee name Payee address: City: State: Zip Code	Amount (\$)
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		-- Complete if direct expenditure to benefit C/OH -- Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED